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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 89	
County			County Registered No. 55	
District			Local Registrar's No.	
Town				
Or City				
ORIGINAL CERTIFICATE OF DEATH				
No. _____ St. _____				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Chad Ray Richardson</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>June 7</u> , 19 <u>21</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May</u> 19 <u>20</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>May 28</u> , 19 <u>21</u> to <u>June 7</u> , 19 <u>21</u> ; that I last saw h. <u>him</u> alive on <u>June 7</u> , 19 <u>21</u> , and that death occurred on the date stated above at <u>8 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u>	
AGE <u>13</u> yrs. <u>13</u> mos. <u>13</u> days If less than 1 day hrs., or min.			(Duration) _____ yrs. _____ mos. _____ days <u>30</u>	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>No</u>	
BIRTHPLACE (State or country) <u>Greenlee Co</u>			If not, where? _____	
PARENTS	NAME OF FATHER <u>Ray Richardson</u>		CONTRIBUTORY <u>Measles</u>	
	BIRTHPLACE OF FATHER <u>Utah</u> (State or country)		(Duration) _____ yrs. _____ mos. _____ days	
	MAIDEN NAME OF MOTHER <u>Vienna Nelson</u>		(Signed) <u>Agnes M. K. Wallace M.D.</u>	
	BIRTHPLACE OF MOTHER <u>Utah</u> (State or country)		<u>June 30 1921</u> (Address) <u>Duncan Ariz</u>	
The Above is True to the Best of My Knowledge (Informant) <u>Agnes M. K. Wallace M.D.</u> (Address) <u>Duncan Arizona</u>			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
PLACE OF BURIAL OR REMOVAL <u>Duncan</u>			LENGTH OF RESIDENCE At place of death _____ yrs/3mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
DATE OF BURIAL OR REMOVAL <u>June 7</u> , 19 <u>21</u>			Former or Usual Residence _____	
UNDERTAKER			Filed _____	
ADDRESS			Filed _____	
			Local Registrar. <u>Engene J. ...</u>	
			County Registrar. <u>Herbert Butch M.D.</u>	